



Creating Opportunities for People.
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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We consider all applicants without regard to race, color, religion, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION

DATE: _____

Name: _____

Current Address: _____	City, State, Zip: _____
Home Phone: () _____	Other Phone: () _____

E-Mail Address: _____	Are you legally able to work in the U.S.? Yes No
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Previous Addresses for past seven years: (Starting with most recent)

Position applying for: _____ (Please check all that apply) Full-Time Part-time Sub Temp

Referral Source: Newspaper (which?) _____ Employee Walk-in State Employment Office Website Other

Salary Requirement: _____	Date You Can Start: _____
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Prefer to work: M T W Th F Sa Su	Shift Preference: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Any
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Drivers License #: _____	State: _____	Expiration Date: _____
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Has your license ever been revoked or suspended? Yes No If "Yes" explain: _____

Have you ever been convicted of driving under the influence, leaving the scene or reckless driving? Yes No
 If "yes" explain: _____

List any accidents or violations in the past three years: _____

EDUCATION RECORD: (Name, City, State)

High School	Graduation Date: _____
Business or Tech School	Graduation Date: _____
Undergraduate College	Degree: _____ Graduation Date: _____
Graduate School	Degree: _____ Graduation Date: _____
Other	Degree: _____ Graduation Date: _____

PROFESSIONAL LICENSES OR CERTIFICATES (eg. CPR, First Aid, Med. Cert., CNA, HHA)

Kind(s) of License or Certificate	Issued By	Expiration Date

VETERAN STATUS:

Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" which conflict?
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WORK HISTORY (Please give information about your last three jobs, starting with the most recent.)

1-Employer	Supervisor:
Address:	
Employment Dates: FROM / / TO / /	Salary
Title:	
Specific Duties:	
Name, if different, as it appeared on Employer's record:	Reason for Leaving:
2-Employer	Supervisor:
Address:	
Employment Dates: FROM / / TO / /	Salary
Title:	
Specific Duties:	
Name, if different, as it appeared on Employer's record:	Reason for Leaving:
3-Employer	Supervisor:
Address:	
Employment Dates: FROM / / TO / /	Salary
Title:	
Specific Duties:	
Name, if different, as it appeared on Employer's record:	Reason for Leaving:

PROFESSIONAL REFERENCES: Note names, work address and day-time phone numbers of individuals who have supervised you or know your work habits. Provide work related references only.

1. Name	Relationship/Title
Address	
Phone number during business hours: ()	
2. Name	Relationship/Title
Address	
Phone number during business hours: ()	
3. Name	Relationship/Title
Address	
Phone number during business hours: ()	

In your own words, include any other information you believe would help us make a decision to interview you. (For example, what value can you add to the agency?)

What would each employer say are/were your three major contributions?

What would each employer say are/were two areas that need development?



EOE FORM

Allied Community Services, Inc. and its subsidiaries are Equal Opportunity and Affirmative Action Employers. To help us comply with government record keeping requirements, we would appreciate your completing the following information. This form is voluntary. If you choose not to provide the information, your decision will not affect your application.

This data will be kept confidential, and will be kept separate from your application.

_____/_____/_____
Name Date

___ Male ___ Female

Race/Ethnicity Data (Please Check One)

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Thank you for your assistance.